DLN: 93493123006342

# Form **990**

Department of the Treasury

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

OMB No 1545-0047

Open to Public
Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

	Revenue		F The organization may in	. ,		•		requirement	Inspection		
A Fo	r the 2	2011 ca	endar year, or tax year beg	inning 01-01-2011	and ending 12	2-31-201	1	D Employer	identification number		
_		pplicable	C Name of organization PENNSYLVANIA ASSOCIATION O	F NONPROFIT							
_	Iress ch	-	ORGANIZATIONS Doing Business As					22-25618 E Telephone			
Nar	ne char	nge	<b>,</b>					•			
Init	ıal retur	m	Number and street (or P O box	ıf maıl ıs not delivere	d to street address)	Room/su	uite	(717) 236 <b>G</b> Gross receip			
Ter	mınated	d	777 E PARK DRIVE NO 300					<b>G</b> Gloss receip			
┌ Am	ended r	return	City or town, state or country,	and ZIP + 4							
☐ App	lication	pending	HARRISBURG, PA 17111								
			<b>F</b> Name and address of	principal officer			H(a) Is th	∎ is a group reti	urn for		
			JOSEPH GEIGER				affilia		⊤Yes <b>▽</b> No		
			777 E PARK DRIVE HARRISBURG, PA 171	11			U/h) A	U -66:1:-+ :			
								ll affiliates incl	uded? Yes No st (see instructions)		
I Ta	x-exem	pt status	<b>▽</b> 501(c)(3) <b>┌</b> 501(c)( )	◀(insert no )	1947(a)(1) or 5	527		o, attach a h ip exemption			
	ebsite	: <b>►</b> ww	W PANO ORG				](5)				
							1		<u> </u>		
	_		Corporation Trust Associ	ciation   Other 🟲			<b>L</b> Year of fo	mation 1984	<b>M</b> State of legal domicile PA		
Ра	rt I	Sum	-								
			scribe the organization's mi EDULE O FOR A FULL MIS			5					
3	-	JEE JOI	EDULE O FOR A FULL MIS	STON STATEMEN	V 1						
Ě											
E .	-										
Governance	2 (	Check th	s box 🔭 if the organizatio	n discontinued its	operations or di	sposed	of more than 2	:5% of its net	assets		
ບ xo	3 1	Number	f voting members of the gov	erning body (Part	VI, line 1a) .		•	3	17		
Activities &	4 1	Number	f independent voting memb	ers of the governır	ng body (Part VI,	, lıne 1 b	)	. 4	17		
Ě	5 1	Γotal nur	nber of individuals employed	lın calendar year	2011 (Part V , lır	ne 2a)		5	7		
ŧ	6 ⊺	Γotal nur	nber of volunteers (estimate	ifnecessary) .				6	0		
q.			elated business revenue fro	•				7a	12,457		
	ЬΓ	Net unrel	ated business taxable incor	ne from Form 990	-T, line 34 .			7b	1,511		
							Prio	r Year	Current Year		
	8	Contrib	utions and grants (Part VII	I, line 1h)				65,276	66,033		
를	9	Progra	n service revenue (Part VII	I, line 2g)		528,881	553,678				
Revenue	10	Invest	ment income (Part VIII, col	umn (A), lines 3, 4		46	57				
ď	11	Other	evenue (Part VIII, column	(A), lines 5, 6d, 8d	c, 9c, 10c, and 1	1e)		3,345	-1,775		
	12		evenue—add lines 8 through		•		e	F07 F40	617.003		
	40						-	597,548			
	13		and similar amounts paid (F				0 3				
	14		s paid to or for members (Pa		•				0		
8	15	5-10)	s, other compensation, emp	loyee benefits (Pa	irt 1X, column (A	), lines	370,337 367,				
Бхрепзев	16a	,	sional fundraising fees (Part	IX, column (A), lii	ne 11e)			0	0		
÷	ь		draising expenses (Part IX, colum								
ш	17		expenses (Part IX, column (				_	224,387			
	18		xpenses Add lines 13-17					594,724			
	19		e less expenses Subtract			-		2,824			
* o							Beginnin	g of Current			
Not Assets or Fund Balances								'ear	End of Year		
35.55 B.35.	20	Total a	ssets (Part X, line 16) .					46,220	50,460		
a B	21	Total I	abilities (Part X, line 26) .					9,650	6,511		
	22	Net as	sets or fund balances Subtr	act line 21 from li	ne 20			36,570	43,949		
Pai	t II	Sign	ature Block								
			rjury, I declare that I have exa it is true, correct, and compl								
know		Daiei			r. sparsi (viller ti	511100	, basea on	ormation	propurer has ally		
		1.									
		****		012-05-02							
Sign		<b>F</b> Signa	ure of officer				Da	ate			
Here	9		H GEIGER EXECUTIVE DIRECTOR								
		Iype	or print name and title		1	т					
		Preparer			Date		Check if		payer identification number		
Paid		signature EDWARD E WAGONER self- employed							(see instructions) P00737212		
Prepa		Firm's name (or yours SELIGMAN FRIEDMAN & COMPANY PC							20607		
Use (	Only	ıf self-en address,	ployed), and ZIP + 4 $\frac{1027 \text{ MUMMA R}}{1027 \text{ MUMMA R}}$	OAD				EIN 1 23-270	J86U/		
			1027 PIOPIPIA R	Phone no 🕨 (717) 761-0211							

WORMLEYSBURG, PA 17043
May the IRS discuss this return with the preparer shown above? (see instructions) . .

1 Berefy describe the organization's mission PENESYLVANIA'S SOCIATION OF NONPROPTION ORGANIZATIONS (PANO) LEADS PENISYLVANIA'S COMMUNITY BENEFIT SECTION O ACHIEVE ITS FULLEST POTENTIAL  2 Did this organization undertake any significant program services during the year-which were not listed on the prior form 99 or 990-627. If Yes, 76 section 3 the prior form 99 or 990-627 is the p	Par	t III	Statement of Prog Check if Schedule O cor				rt III			7
the prior Firm 1980 in 1980-127.  If Yes, ideacrible these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services. If Yes, ideacrible these changes on Schedule O  Describe the organization program services have been serviced in the program of the program services. If Yes, ideacrible these changes on Schedule O  Describe the organization program services accomplishments for each of its three largest program services, so measured by expenses. Section 531 (2)(3) and 503 (2)(4) organizations and section 4947 (3)(1) flusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  45. (Cofe ) (Expenses 141,79) excelleng quarter 5 (1) (1) (1) (Expenses 141,179) excelleng quarter 5 (1) (Expenses 1	- PEN	NSYLV	ANIA ASSOCIATION O	F NONPROFIT O	RGANIZA	TIONS (PANO)	LEADS PENNSYL\	/ANIA'S COMN	1UNITY BENEF	Т
the pror form 990 or 990-122 No  11"Yes, "describe these we services on Schedule O  3 Did the organization cases conducting, or make significant changes in how it conducts, any program services."  11"Yes, "describe these changes on Schedule O  2 Describe the organization (paginar services on Schedule O  3 Did the organization (paginar services) on Schedule O  4 Describe the organization (paginar services) on Schedule O  4 Describe the organization (paginar services) on Schedule O  4 Describe the organization (paginar services) on Schedule O  4 Describe the organization (paginar services) on Schedule O  4 Describe the organization (paginar services) on Schedule O  4 Describe the organization (paginar) of Schedule										
the prior Form 990 in 990 in 990 in 290 in 290 in 290 in 17 ms, discretible these new services on Schedule O  July the organization cease conducting, or make significant changes in how it conducts, any program any across 2:  If "Yes," describe these changes on Schedule O  Pascintal the organization (program services as complishments for each of its three largest program services, as measured by expenses. Section 551(c)(3) and 551(c)(4) organizations and section 9947(a)(1) frosts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  (core ) [Expenses S										
3 Did the organization cases conducting, or make significant changes in how it conducts, siny program services accomplishments for each of no three largest program services accomplishments for each of no three largest program services accomplishments for each of no three largest program services, as measured by expenses of section 501 (c) 3) and 501 (c) (d) organizations and section 49.47 (3) thrusts are required to respect the amount of grants and allocations to others, the total expenses, and revenue, if any, for each of no three transported.  4 Total control of the c	2	the pr	nor Form 990 or 990-EZ7	·					┌ Yes ┌ No	
Services?  1 **Yes, ** describe these changes on Schedule O  2 **Describe the organization*s program service accomplishments for each of its three largest program services, as measured by expenses section 501(c)(3) and 501(c)(4) and 501(c)(	_		·							
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses section 501 (cgl) and	3	servi	ces <sup>?</sup>				· · · · ·	· · ·	┌ Yes ┌ No	
THE STANDARDS FOR EXCELLENCE PROCRAM IS AND ENCOUNTABILITY PROPERTY FOR STAIL CASE OF THE STANDARD STA	4	Desci exper	ribe the organization's pronses Section 501(c)(3) a	ogram service acc nd 501(c)(4) org	anızatıons	and section 494	7(a)(1) trusts are	required to repo		
THE STANDARDS FOR EXCELLENCE PROGRAM IS AND EXCENSION AND STREAMS AND ACCOUNTABILITY PROCESS IN THE NUMBER OF STREAMS OF THE PROGRAM THAT BUILDS CAPACITY FOR SOIL (C.) 3 ORGANIZATIONS AND BE LICENSES WITH THE ADDRESS AND A	42	(Code	e ) (Exr	nenses \$	141 759	including grants of	\$	) (Revenue \$	92 461	<u> </u>
PAINO'S ANINUAL CONFERENCE WAS THE MAJOR EVENT OF THE YEAR DRAWING NEARLY 200 ATTERDEES FROM ACROS PERNSYLVANIA THE CONFERENCE ADDRESSED TIRENS IN THE NOWING THE SECTOR AND OFFERED TRANSING THAT WOULD PUT OFFERED TRANSING OF THE COLLARORATION AND SUPPORT OF QUE PARTINERS AND SPONSOORS, PAINO MADE A WEALTH OF CENERAL TRANSING OPPORTUNITIES AVAILABLE, HOLDING NE 60 WEB PASED AND IN PERSON TRAININGS ACROSS THE STATE IN-PERSON TRAININGS FOCUSED ON ACCURATING AND BUGGETING, DEVELOPMENT PLANNING OPPORTUNITIES AVAILABLE, HOLDING NE 60 WEB PASED AND IN PERSON TRAININGS ACROSS THE STATE IN-PERSON TRAININGS FOCUSED ON ACCURATING AND BUGGETING, DEVELOPMENT PLANNING OPPORTUNITIES AVAILABLE, HOLDING NEW WEBINARS WERE HELD AND SEVERAL WEBINAR SERIES WERE OFFERED THAT SPECIFICALLY ADDRESSED FUNDRAISING TECHNIQUES, BOARD MANAGEMENT, EMAIL FUNDRAISING  (Code ) (Expenses \$ 135.473 including grants of \$ ) (Revenue \$ 212,610)  MEMBERSHIP PROGRAMS - PAND HAS A DIVERSE MEMBERSHIP OF COMMUNITY BENIFTT ORGANIZATIONS ACROSS PERNISYLVANIA OUR MEMBERS REPRESENTED AND ADDRESSED FOR HUMBAL SERVICES, FROM HUMBAN SERVICES TO THE ARTS, HISTORICAL SOLD SERVICES, FROM THAM SERVICES TO THE ARTS, HISTORICAL SOLD SERVICES, FROM HUMBAN SERVICES TO THE ARTS, HISTORICAL SOLD SERVICES, FROM HUMBAN SERVICES TO THE ARTS, HISTORICAL SOLD SERVICES, FROM HUMBAN SERVICES, FROM HUMBAN SERVICES TO THE ARTS, HISTORICAL SOLD SERVICES, FROM HUMBAN SERVICES TO THE ARTS, HISTORICAL SOLD SERVICES, FROM THE ARTS, HISTORICAL SOLD SERVICES, FROM HUMBAN SERVICES TO THE ARTS, HISTORICAL SOLD SERVICES, FROM HUMBAN SERVICES TO THE ARTS, HISTORICAL SOLD SERVICES, FROM HUMBAN SERVICES AND HUMBAN SERVICES. FROM THE ARTS AND THE ARTS HISTORICAL SOLD SERVICES AND ADDRESSED SERVICES AND HUMBAN SERVICES AND THE ARTS AND ADDRESSED SERVICES. THE ARTS AND HUMBAN SERVICES AND ADDRESSED SERVICES AND HUMBAN SERVICES AND ADDRESSED SERVICES. THE ARTS AND HUMBAN SERVICES AND ADDRESSED SERVICES AND ADDRESSED SERVICES AND ADDRESSED SERVICES AND ADDRESSED SHAPE AND ADDRESSED SHAPE AND ADDRE		IS LIC CERT 471 ( ORGA SELF CERT REPO GOVE PROC PUBL UTILL REGU DO N THE F TO AL	CENSED WITH THE NATIONAL S' IFICATION PROCESS IN PA IN ORGANIZATIONS WE DISTRIBLY ONIZATIONS ACHIEVED THEIR C STUDY APPLICATION PROCESS IFICATION AND FIVE YEARS AF ORT UTILIZING A BALANCED SC RNANCE, INFRASTRUCTURE S' EDURES THE REPORT CITED I ICI IN GENERAL IN JUNE 2011, ZE THE METHODOLOGY OF THE JUATORY AND LEGAL COMPONEI OT HAVE THE RESOURCES TO C FIRST TWO ORGANIZATIONS AN E LOWING ORGANIZATIONS AN E LOWING ORGANIZATIONS AN E	TANDARDS FOR EXCE 2011, PANO PROVIDITED OVER 2,600 EDU ERTIFICATION UNDE AND THREE-PHASE FER FIRST RECERTIFORE CARD APPROACIES FOR CONTIDENCE TO THE CONTIDENCE OF THE PANO LAUNCHED THE STANDARDS CERTIFORTS OF OPERATIONS COMPLETE THE FULL ECEIVED APPROVAL UFFICIENT AND EFFEC DING ITEMS LISTED A	ELLENCE INST ED A TOTAL O CATIONAL RE R THE STAND REVIEW THRE ECATION) IN H, THE RESEA E WITHIN OR TIS IN RECOO E "TIERED APPLICATION PROVIDI CERTIFICATION TOTAL TIVE WAY TO ABOVE) ON THE	ITUTE TO OFFER THE F 55 STANDARDS RESOURCE PACKETS. WARDS FOR EXCELLE EE ORGANIZATIONS AND GNITION OF WHAT PROACH TO IMPLEM OCESS IN A MORE AND STAFF REVIEW ON PROGRAM TO EF ONE PROCESS A STAFF REVIEW ON PROGRAM TO EF ONE PROCESS A STORE PROCESS A STAFF REVIEW ON PROGRAM TO EF ONE PROCESS A STAFF REVIEW ON PROGRAM TO EF ONE PROCESS A STAFF REVIEW ON PROGRAM TO EF ONE PROCESS A STAFF REVIEW ON PROGRAM TO EF ONE PROCESS A STAFF REVIEW ON PROGRAM TO EF ONE PROCESS A STAFF REVIEW ON PROGRAM TO EF ONE PROCESS A STAFF REVIEW ON PROGRAM TO EF ONE PROCESS A STAFF REVIEW ON PROGRAM TO EF ONE PROCESS A STAFF REVIEW ON PROGRAM TO EF ONE PROCESS A STAFF REVIEW ON PROGRAM TO EF ONE PROCESS A STAFF REVIEW ON PROCESS A STAFF	HE PROGRAM, ITS TRAII ELATED PROGRAMS TO AND NEARLY 2,000 STA INCE PROGRAM BY SUC ACHIEVED THEIR FIRS UBLISHED THE STANDA POSITIVE IMPACT OF C BETTER UNDERSTANDII THE STANDARDS FOR E ENTING STANDARDS" CCESSIBLE MANOR "TII OF THOSE MATERIALS AS FOCUS ON NONPROF DNS ARE IN COMPLIANCE	NING, EDUCATIONA 745 ATTENDEES RI NDARDS FOR EXCE CESSFULLY MOVINI RECERTIFICATION IN TO NG OF ACCOUNTAB XCELLENCE INDICA THIS APPROACH AL ER ONE" INCORPOIS THIS APPROACH A D ESSENTIAL COMPO- FIT ACCOUNTABLIT EE AND MODEL BES	AL RESOURCES AND EPRESENTING APPR LLENCE CODE BOOK GTHROUGH THE EX NOTHER EY ALLOWS OF BOAR LLTY REGULATIONS TO FUNDERS A LOWS ORGANIZATIC RATES A REVIEW OF LLOWS ORGANIZATIONS ARE IN PLATE OF GROWS, PANO IS TO FRACTICES TO ACT	OXIMATELY (S FOUR TENSIVE TER INITIAL ITION D AND ND THE ONS TO ALL ONS THAT CE IN 2011, COMMITTED
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3 PUBLIC POLICY PANO SERVES AS A LEGISLATIVE GUARDIAN FOR COMMUNITY BENEFIT ORGANIZATIONS IN PENNSYLVANIA OUR FILTERS DRIVE US TO NO COMPETE WITH OTHER STATE ORGANIZATIONS WE PRIMARILY ADDRESS LEGISLATIVE ISSUES THAT IMPACT OUR UNIVERSE GLOBALLY, SUCH AS TAX EXEMPT STATUS, CHARITABLE GIVING LEGISLATION, HOW WE ARE GOVERNED, ETC. WE ALSO MAINTAIN A RELATIONSHIP WITH THE STATE LEGISLATURE THROUGH A NONPROFIT CAUCUS MADE UP OF A MAJORITY AND MINORITY LEADER IN THE HOUSE OF REPRESENTATIVES AND A MAJORITY AND MINORITY LEADER IN THE SENATE WE ARE AVAILABLE TO THEM ON ANY ISSUE THAT IMPACTS COMMUNITY BENEFIT ORGANIZATIONS. IF THE ISSUE IS BEYOND OUR FILTER, WE REFEIT THEM CREDIBLE PEOPLE WITHIN THE SECTOR TO BETTER UNDERSTAND THE CHALLENGES AND BE AWARE OF THE UNINTENDED CONSEQUENCES THAT HAPP LEGISLATION  4d Other program services (Describe in Schedule O)  (Expenses \$ including grants of \$ ) (Revenue \$ )	40	MEME WIDE RESC SIZES PANO AND : EXPEI TO W THEIF CREA ORGA A COI AFFEC CHAR INTER LINES CHAR OUR UP TO BENE TO D:	BERSHIP PROGRAMS - PANO HAS RANGE OF CAUSES, FROM HULL AGENCIES, LITERACY, FAIT AND AT DIFFERENT STAGES OF THE STA	AS A DIVERSE MEMBE MAN SERVICES TO TH H-BASED AND HOUSI IF LIFE CYCLE MEMB REFLECT A MINIATUL EMBERS BRING TO EX MUNITY BENEFIT STA IF SERVICES AND OPE BOARDS, PANO HAS E E WITH DIALOGUE OF ION NEEDS TO BETTE ION NEEDS TO BETTE ION HOW COMMUNITY ID ITS IMPACT ON OF STATE CONTRACTS A CUSED ON CAUSES AI A CATALYST FOR THE AT ADDRESS COMM IS VALUABLE TO THEIR TENDED CONSEQUENT TENDED CONSEQUENT IN HEMS TO THEIR TENDED CONSEQUENT IN HEMS TO THE THEIR TENDED CONSEQUENT IN HEMS TO THE THEIR TENDED CONSEQUENT TO THE THEIR TENDED CONSEQUENT TO THE THE THEIR TENDED CONSEQUENT TO THE THEIR TENDED CONSEQUENT TO THE	RSHIP OF CO HE ARTS, HIST NG AGENCIES ERS BENEFIT RIZED SCALE YERY COMMU SEND DIFFERE FF AND VOLU ERATIONS W ARNED RESPI CURRENT C RESERVE PUE WITOR LEGISI BENEFIT OR AGANIZATION ND MORE PA DDRESSED BY FIRST NON UNITY BENEF CAUCUSES ICES OF BILLS	MMUNITY BENEFIT ORICAL SOCIETIES, FOOD BANKS, ANI FROM THE PUBLIC OF WHO THE COMI NITY IN PENNSYLVA ENT PRESENTATION NTEERS IMPROVED HETHER IT IS A LES ECT AND FAVOR PA HALLENGES AND SO LATION THAT COME GANIZATIONS ARE (S RELATIVE TO DEL ANO'S GLOBAL PERS OUR MEMBERS AI ROFIT CAUCUS IN T IT ISSUES THE LEA THEY WORK THROLE BEFORE THEY ARE	ORGANIZATIONS ACROS ENVIRONMENTAL AGES O MORE THESE ARE OF POLICY WORK, AFFINIT HUNTIY BENEFIT SECTO NIA RESULTING IN IMPI MODALITIES FROM A S THEIR KNOWLEDGE AN SON ON BOOKKEEPING NO COORDINATES WIT LUTIONS PANO'S GOAL UNIQUELY MONITORS AS S UNDER THE HEADING GOVERNED FOR THE F- AYED PAYMENTS FOR C PECTIVE PROTECTS THI L CHARITIES IN PENNS THE COUNTRY MAJORT JOERS HARNESS THE IN JGH PANO TO IDENTIFY RUN WE THANK THE	SS PENNSYLVANIA NCIES, ANIMAL SHE RGANIZATIONS WIT TY PRODUCTS AND BR REPRESENTS W ROVED QUALITY OF TATEWIDE CONFER ID SKILLS IN WAYS , FUNDRAISING, HO H NUMEROUS MAN IS TO BE WITHIN O ND ACTS ON LEGIS TOF TAX EXEMPT S' IRST TIME IN PANO ONTRACT SERVICE E SECTOR DIFFERE YLVANIA DIRECTLY TY AND MINORITY FORMATION AND A EXPERTS IN THE O	OUR MEMBERS REP LITERS, HEALTH, SAI H A HUGE SPREAD ( EXPERTISE THAT RI E ARE PROUD OF TI LIFE PANO'S PROGS THAT BETTER PROT DW TO USE TECHNO AGEMENT SERVICE DNE PHONE CALL OF LATION THAT GLOBA TATUS, UNFAIR CON 'S HISTORY WE TOO S, THE NEED FOR A INTLY THAN ANY OTI OR INDIRECTLY BE LEADERS IN EACH CO WAILABILITY OF CON COMMUNITY BENEFI	RESENT A FETY AND DE BUDGET ESIDES AT HE BLEND RAM AND SEMINARS ECTED DLOGY OR  F ANYTHING ALLY MPETITION, DK AN CQUIRING HER NEFIT FROM AUCUS STEP MUNITY T SECTOR
(Expenses \$ including grants of \$ ) (Revenue \$ )		3 PU COMF STATI NONF SENA THEM	BLIC POLICY PANO SERVES AS PETE WITH OTHER STATE ORGA US, CHARITABLE GIVING LEGISI PROFIT CAUCUS MADE UP OF A TE WE ARE AVAILABLE TO THE I CREDIBLE PEOPLE WITHIN TH	A LEGISLATIVE GUAF ANIZATIONS WE PRIN ATION, HOW WE ARI MAJORITY AND MINO M ON ANY ISSUE THA	RDIAN FOR CO MARILY ADDR E GOVERNED, DRITY LEADER IT IMPACTS C	OMMUNITY BENEFIT ESS LEGISLATIVE IS ETC WE ALSO MAI R IN THE HOUSE OF OMMUNITY BENEFI	ORGANIZATIONS IN PE SUES THAT IMPACT OUI NTAIN A RELATIONSHIP REPRESENTATIVES ANI FORGANIZATIONS IF T	ENNSYLVANIA OUR R UNIVERSE GLOBA WITH THE STATE O D A MAJORITY AND HE ISSUE IS BEYON	FILTERS DRIVE US LLY, SUCH AS TAX E LEGISLATURE THRO MINORITY LEADER ID OUR FILTER, WE	EXEMPT JGH A IN THE REFER TO
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AND TOTAL MEDICAL CONTROL OF THE CON	4e	_ ` .	· · · · · · · · · · · · · · · · · · ·		418.743	<u> </u>	) (Kevenue	<b>₹</b>	)	

art IV	Checkli	st of	Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Pair	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		N o
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"  complete Schedule L, Part IV			NI -
C	Complete Schedule L, Part IV	28b		N o
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28b 28c		No No
29	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was			
30	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	28c		No
30	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	28c 29		No No
30	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	28c 29 30		No No No
30 31	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	28c 29 30 31		No No No
30 31 32	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	28c 29 30 31 32		No No No No
30 31 32 33	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV,	28c 29 30 31 32 33		No No No No
30 31 32 33 34 35a	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	28c 29 30 31 32 33 34		No No No No No
30 31 32 33 34 35a	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	28c 29 30 31 32 33 34 35a		No No No No No No No No
30 31 32 33 34 35a b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	28c 29 30 31 32 33 34 35a 35b		No No No No No No No No No
30 31 32 33 34 35a b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.  Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	28c 29 30 31 32 33 34 35a 35b 36 37	Yes	No

•	•
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
,	gaming (gambling) winnings to prize winners?	1c		
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	26	V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
l	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities	4-		
h	account)?	4a		No
	If "Yes," enter the name of the foreign country   See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).		1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		No
f	contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
U	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
c	Enter the aggregate amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI  $\,$  .  $\,$  .

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
h	Enter the number of voting members included in line 1a, above, who are			
	ındependent			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	4	Yes		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Yes	
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,		103	No
8	or persons other than the governing body?			
_	year by the following	_	V	
a	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)	ı		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Νo
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
_	taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			1
	List the States with which a conv of this Form 990 is required to be filed▶PA			

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Own website Another's website Upon request
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 TRACY MAY

777 EAST PARK DR SUITE 300 HARRISBURG, PA 17111

(717) 236-8584

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organiza	ition nor any rel	ated or	ganız	atıor	าร c	ompe	nsat	ed any current or fo	rmer officer, direct	or, or trustee
<b>(A)</b> Name and Title	(B) A verage hours per week (describe hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former		11250)	organizations
(1) JANICE ANDERSON ESQ BOARD MEMBER	1 00	х						0	0	0
(2) JOHN C STILLWAGGONCPA BOARD MEMBER	1 00	х						0	0	0
(3) BETS MCMANUS BOARD MEMBER	1 00	х						0	0	0
(4) DONALD KRAMER BOARD MEMBER	1 00	х						0	0	0
(5) MICHAEL KUMER VICE PRESIDENT	1 00	х						0	0	0
(6) ANN H MOFFITT ACFRE BOARD MEMBER	1 00	х						0	0	0
(7) CHARLES REYNOLDS BOARD MEMBER	1 00	х						0	0	0
(8) DAVE ZANIS BOARD MEMBER	1 00	х						0	0	0
(9) SUSAN GILMORE BOARD MEMBER	1 00	х						0	0	0
(10) ANNE GINGERICH MSW BOARD MEMBER	1 00	х						0	0	0
(11) GREG LINDEMUTH BOARD MEMBER	1 00	х						0	0	0
(12) JEANNE TROY BOARD MEMBER	1 00	х						0	0	0
(13) ROBERT WOOLER BOARD MEMBER	1 00	х						0	0	0
(14) SAM BRESSI BOARD MEMBER	1 00	х						0	0	0
(15) DOUGLAS L BERMAN CPA PRESIDENT	1 00			х				0	0	0
(16) MIKE CHEREWKA ESQ SECRETARY	1 00			х				0	0	0
(17) LISA RITTER CPA CFE TREASURER	1 00			х				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(E Repor comper from organiza 2/1099	table isation the tion (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estima mount o compens from t rganizati	ted fother ation he on and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			мізс		reiate organiza	
	OSEPH GEIGER JTIVE DIRECTOR	40 00			х					109,130		0		0
												$\perp$		
												+		
												-		
1b	Sub-Total			<u> </u>		<u> </u>		<u> </u> ▶				1		
С	Total from continuation sheets t				•	•		<b>F</b>						
d	Total (add lines 1b and 1c)							<b>+</b>		109,130		0		0
2	Total number of individuals (inclusion) \$100,000 of reportable compens					ted	above	) who	o received	more tha	n			
													Yes	No
3	Did the organization list any <b>form</b> on line 1a? If "Yes," complete Sch								or highest	compens	ated employee	_		NI -
4	For any individual listed on line 1	a, is the sum of	report	able	com	oens	ation	and				3		<u> </u>
	organization and related organiza	itions greater th	an \$15	• • •	•	<i>T Y</i>	es, co	<i>mpie</i>	ete Scheaui	<i>e ) Tor su</i> (	<u>.</u>	4		No
5	Did any person listed on line 1a is services rendered to the organiza										r individual for •	5		No
Se	ction B. Independent Cont	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax ye	the organization												
	(A) Name and business address  (B) Description of services												( <b>C</b> ) Compen	
	Total number of Independent contr	actors (includin	a but s	ot lin	nitoo	l to s	thosa	lic to	d abovo) ::	the record	ed more than	$\downarrow$		
	\$100,000 of compensation from t			J. 1111	niet.			1316	a above) w	o recell	ca more tilali			

Form 99								Page <b>9</b>
Part \	<u>/##1</u>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	b	Membership du	ıes <b>1b</b>					
2,€	c	Fundraising ev	ents <b>1c</b>	4,295				
#£	d	Related organiz	zations 1d					
ું.≣	e	Government grant	s (contributions) 1e					
ie Sie	f	All other contribution	ons, gifts, grants, and <b>1f</b>	61,738				į
쿭	g	similar amounts no	ot included above ibutions included in					
발음								
S ၕ	h		s 1a-1f	▶	66,033			
				Business Code				
nue	2a	MEMBER DUES		900099	212,610	212,610		
₽	ь	ENDORSEMENT FE	EES	900099	176,199			176,199
- S	c	CONFERENCE & T	RAINING	900099	73,418	73,418		
er E	d	OTHER PROGRAM	INCOME	900099	56,800	56,800		
Program Service Revenue	e	CONTRACT FEES		900099	22,194	22,194		
grag.	f	All other progra	am service revenue		12,457		12,457	
Š	_	Total Add line	s 2a-2f		553,678			
	д 3		come (including dividen		555,676			
			ar amounts)		57			57
	4		stment of tax-exempt bond					
	5	Royalties		• [				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	, ,	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses						
	C	Gain or (loss)						
	d   8a		ss) from fundraising	, <sub>.</sub> .				
Other Revenue		events (not inc \$4 of contributions						
π		,	a	2,145				
the	b		penses <b>b</b>					
Ò	c		(loss) from fundraising	events 🟲	-1,775			-1,775
	9a		from gaming activities ne 19 a					
	b		penses b					
	С		(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	ь	=	oods sold <b>b</b>					
	С		(loss) from sales of inv					
		Miscellaneou	s Revenue	Business Code				
	11a							
	b							
	c							
	d	All other reven						
	e	Fotal. Add line:	s 11a-11d					
	12	Total revenue.	See Instructions .	▶	617,993	365,022	12,457	174,481

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) ~ Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United 3,000 3,000 States See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 109,130 84,871 20,036 4,223 key employees . . . Compensation not included above, to disqualified persons 6 (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages 211,732 151,270 52,916 7,546 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . Other employee benefits . . . . . . 22,434 20,423 2,011 24,102 17,607 5,624 871 10 Fees for services (non-employees) 11 Management . . . . . Legal . . . . . . . . . Accounting . . . . . . . Lobbying . . . . . . . . . . . . Professional fundraising See Part IV, line 17 . . Investment management fees . . . . . . 37,714 g 754 36,960 Advertising and promotion . . . 1,113 1,083 30 12 Office expenses . . . . 13 14 Information technology . . . . . 15 Royalties . . 16 57,137 29,520 23,705 3,912 8,884 7,484 1,302 17 98 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . . 1,204 1,204 20 21 Payments to affiliates . . . . 22 Depreciation, depletion, and amortization . . . . 3,193 2,475 718 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 3,650 ANNUAL REPORT & MEETING 20,090 16,440 STANDARDS FOR EXCELLENC 18,943 18,943 **HUB GROUPS** 16,916 16,916 **DUES & SUBSCRIPTIONS** 13,890 12,690 1,171 29 d е All other expenses 61,132 35,267 25,184 681 25 Total functional expenses. Add lines 1 through 24f 610,614 418,743 174,511 17,360 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Form 990 (2011) Page **11** Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 30.552 2 2 37.764 Savings and temporary cash investments . . . . . . . 3 3.359 542 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . . 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . . . . . . . . 6 7 8 9 9 Prepaid expenses and deferred charges . . . . 48.852 Land, buildings, and equipment cost or other basis Complete Part 10a VI of Schedule D 10a 10b 44,285 b Less accumulated depreciation . . . . . 4,640 10c 4,567 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 Intangible assets . . . . . . . . . 14 7,669 15 7,587 15 46,220 16 16 50,460 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 9.650 21 4.720 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 1,791 D . . . . 26 9.650 26 6,511 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 32,070 27 Unrestricted net assets . . . . 29,104 4.500 28 14,845 28 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 36.570 33 43.949 Total net assets or fund balances . . . . 34 Total liabilities and net assets/fund balances . . . . 46.220 50.460 34

I-CI	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4	517,99
2	Total expenses (must equal Part IX, column (A), line 25)	2			510,61
3	Revenue less expenses Subtract line 2 from line 1	3			7,37
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			36,57
5	Other changes in net assets or fund balances (explain in Schedule O)	5			,
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6			43,94
Par	TXII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII		•	৮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	ssued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

### OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

## Complete if the organization is a section 501(c)(3) organization or a section

**Public Charity Status and Public Support** 

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection **Employer identification number** 

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions  The organization is not a private foundation because it is (For lines 1 through 11, check only one box )  1							
The organization is not a private foundation because it is (For lines 1 through 11, check only one box )  1							
A church, convention of churches, or association of churches section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
_							
hospital's name, city, and state							
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
section 170(b)(1)(A)(iv). (Complete Part II)							
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public							
described in							
section 170(b)(1)(A)(vi) (Complete Part II)							
A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)							
An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and							
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses							
, ,							
acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )							
An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of							
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I  b Type II  c Type III - Functionally integrated  d Type III - Other							
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons							
other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or							
section 509(a)(2)							
f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box							
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the							
following persons?							
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)  Yes No							
and (III) below, the governing body of the the supported organization?  11g(i)							
(ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g(iii)							
h Provide the following information about the supported organization(s)							
(iii) (iv) (iv)							
Type of Is the Organization organization in Or							
Name of (ii) (described on col (i) listed in organization in organization in							
supported EIN lines 1-9 above vour governing col (i) of your col (i) organized Amount of							
organization or IRC section document?							
(see Instructions)) Yes No Yes No Yes No							

Total

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b> □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ection A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	212,995	247,945	249,803	261,805	280,788	1,253,336
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	210,301	185,794	234,409	197,401	164,869	1,001,054
3	Gross receipts from activities that are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5	431,576	433,739	484,212	459,206	445,657	2,254,390
	A mounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b						0
8	<b>Public Support</b> (Subtract line 7 c from line 6)						2,254,390
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	<b>(f)</b> Total
9	Amounts from line 6	431,576	433,739	484,212	459,206	445,657	2,254,390
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	135,323	150,887	128,388	140,807	176,256	731,661
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	135,323	150,887	128,388	140,807	176,256	731,661
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11 and 12)	566,899	584,626	612,600	600,013	621,913	2,986,051
14	First Five Years If the Form 990 is check this box and stop here	for the organizatio	n's first, second,	thırd, fourth, or f	ıfth tax year as a	501(c)(3) organ	ızatıon, ▶┌
Se	ection C. Computation of Pub	lic Support Pe	rcentage				
15	Public Support Percentage for 201			L3 column (f))		15	75 500 %
16	Public support percentage from 20			· · · · · · · · · · · · · · · · · · ·		16	76 380 %
	ection D. Computation of Inv	estment Inco	me Dercentas				
17	Investment income percentage for				(f))	17	24 500 %
18	Investment income percentage from	•			V: //	<b>+</b>	
					lina 15	18	23 620 %
TAG	33 1/3% support tests—2011. If th more than 33 1/3%, check this box						I line 1 / is not ►√

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

#### **Additional Data**

Software ID: Software Version:

**EIN:** 22-2561834

Name: PENNSYLVANIA ASSOCIATION OF NONPROFIT

**ORGANIZATIONS** 

#### Form 990, Special Condition Description:

#### **Special Condition Description**

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

#### 4d. Other program services

LEGISLATION

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$

3 PUBLIC POLICY PANO SERVES AS A LEGISLATIVE GUARDIAN FOR COMMUNITY BENEFIT ORGANIZATIONS IN PENNSYLVANIA OUR FILTERS DRIVE US TO NOT COMPETE WITH OTHER STATE ORGANIZATIONS WE PRIMARILY ADDRESS LEGISLATIVE ISSUES THAT IMPACT OUR UNIVERSE GLOBALLY, SUCH AS TAX EXEMPT STATUS, CHARITABLE GIVING LEGISLATION, HOW WE ARE GOVERNED, ETC WE ALSO MAINTAIN A RELATIONSHIP WITH THE STATE LEGISLATURE THROUGH A NONPROFIT CAUCUS MADE UP OF A MAJORITY AND MINORITY LEADER IN THE HOUSE OF REPRESENTATIVES AND A MAJORITY AND MINORITY LEADER IN THE SENATE WE ARE AVAILABLE TO THEM ON ANY ISSUE THAT IMPACTS COMMUNITY BENEFIT ORGANIZATIONS IF THE ISSUE IS BEYOND OUR FILTER, WE REFER TO THEM CREDIBLE PEOPLE WITHIN THE SECTOR TO BETTER UNDERSTAND THE CHALLENGES AND BE AWARE OF THE UNINTENDED CONSEQUENCES THAT HAPPEN IN

DLN: 93493123006342

OMB No 1545-0047

### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities).

- Section 501(c)(3) organizations
   Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the	organızatıon	
PENNSYLVANIA	ASSOCIATION OF	NONPROFIT
ODGANIZATION	IS	

Employer identification number

22-2561834

- in opposition to candidates for public office in Part IV Political expenditures
- 3 Volunteer hours

art I-B	Complete	if the or	ganization	is exemp	ot under	section	501(c)	(3).	

1 Enter the amount of any excise tax incurred by the organization under section 4955

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- If "Yes," describe in Part IV

#### Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

┌ Yes ┌ N	c
-----------	---

☐ Yes

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

Sc	hedule C	(For	m 990 or 990-EZ) 2011		Page
P	art II-A	1	Complete if the organization is exempt under section 501(c)(3) and f	iled Form 5768	(election
			under section 501(h)).		
Ā	Check	Г	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated grexpenses, and share of excess lobbying expenditures)	oup member's name	, address, EII
<u>B</u>	Check		ıf the filing organization checked box A and "limited control" provisions apply		

	Limits on Lobbying E (The term "expenditures" means an		(a) Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	5,000	
b	Total lobbying expenditures to influence a legisla	2,500		
C	Total lobbying expenditures (add lines 1a and 1b	7,500		
d	Other exempt purpose expenditures		607,034	
e	Total exempt purpose expenditures (add lines 1c and 1d)		614,534	
f	Lobbying nontaxable amount Enter the amount foculumns	rom the following table in both	117,180	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	29,295	
h	Subtract line 1g from line 1a If zero or less, ente	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
_			_	

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> Total			
2a	Lobbying non-taxable amount	115,769	116,527	114,209	117,180	463,685			
b	Lobbying ceiling amount (150% of line 2a, column(e))					695,528			
c	Total lobbying expenditures	49,268	60,000	13,000	7,500	129,768			
_d	Grassroots non-taxable amount	28,942	29,132	28,552	29,295	115,921			
e 	Grassroots ceiling amount (150% of line 2d, column (e))					173,882			
f	Grassroots lobbying expenditures		12,000	3,000	5,000	<u>`</u>			

_	edule C (Form 990 or 990-EZ) 2011				Page <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768 
		(	a)	(	b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493123006342

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Inspection

	me of the organization NNSYLVANIA ASSOCIATION OF NONPROFIT	·	Employer identification number
	GANIZATIONS		22-2561834
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99	dvised Funds or Other Similar F 90, Part IV, line 6.	unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		or advised <b>Yes No</b>
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		·
Pa	rt III Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a	n historically importantly land area certified historic structure n of a conservation
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	3	2b
c	Number of conservation easements on a certified his	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d
3	Number of conservation easements modified, transfethe taxable year 🛌	erred, released, extinguished, or terminate	ed by the organization during
4	Number of states where property subject to conserva	ation easement is located ▶	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		dling of violations, and
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents during the year 🛌
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s during the year
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial	
Par	t III Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	l for public exhibition, education or resear	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		
а	Revenues included in Form 990, Part VIII, line 1		<b>-</b> \$

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	<u>llections of Art</u>	<u>:, His</u>	tori	<u>cal Tr</u>	easur	<u>es, or Ot</u>	<u>her</u>	Similar Asse	ets (c	ontınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing t	hat are	a significar	nt us	e of its collection	n	
а	Public exhibition		d	Γ	Loan	or excha	ange progra	ms			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y furthe	r the or	ganızatıon's	sexe	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								lar _	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	"Ye	s" to Form 990	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	tions or	other asse	ts no		Yes	✓ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	able		_				
								_	Amoi	ınt	
с	Beginning balance							lc			9,429
d	Additions during the year						<u> </u>	Ld			500
e	Distributions during the year						-	le			5,209
f	Ending balance							Lf			4,720
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?						₹	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV										
Pai	rt V Endowment Funds. Complete									<b>N</b> E N	/ DI-
1-	Beginning of year balance	(a)Current Year	(D <sub>.</sub>	Prior `	rear	(c)IWo	Years Back	(a)	rree Years Back (e	)Four Y	'ears Back
1a h	Contributions										
b	Investment earnings or losses										
c d	Grants or scholarships										
u e	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held a	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
С	Term endowment ▶										
За	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	are held	d and ad	mınıstered	for t	he		
	organization by								[ _ ru	Yes	No
	(i) unrelated organizations			•				•	3a(i)		<del>                                     </del>
	(ii) related organizations							•	3a(ii)	<u> </u>	<del>                                     </del>
ь 4	Describe in Part XIV the intended uses of th	·						•	Зь		
	t VI Land, Buildings, and Equipme					<u> </u>					
I GI	tor Land, Bandings, and Equipme	one see roini 33	, , , , ,	$\top$	a) Cost o		(b)Cost or o	thor	(c) Accumulated		
	Description of property				isis (inve		basis (other		depreciation	(d) l	Book value
1a	Land			+							
ь	Buildings										
	Leasehold improvements										
	Equipment						48	,852	44,285	5	4,567
	Other								,		
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	mn (B)	), line	10(c).)						4,567
		· · · · · · · · · · · · · · · · · · ·	,						Schedule D (I	Form 9	

Part VII Investments—Other Securities. Se	e Form 990, Part X, line 1	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total (Column (b) chould agual Form 000, Part V col (P) line 12.)	<b>+</b>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		12
Part VIII Investments—Program Related. S	ee Form 990, Part X, line	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	<b>+</b>	
Part IX Other Assets. See Form 990, Part X,		
(a) Desc		(b) Book value
(1) SECURITY DEPOSITS		7,485
(2) POSTAGE ON HAND		102
(2)TOSTAGE ON HAND		102
Tabal (Caluma (h) abadda a da a a a a a a a a a a a a a a	- 45 \	
Total. (Column (b) should equal Form 990, Part X, col.(B) line		7,587
Part X Other Liabilities. See Form 990, Part		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
PAYROLL TAX AND EMPLOYEE WITHHOLDINGS	1,791	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	<b>▶</b> 1,791	
2 Fin 48 (ASC 740) Footpote In Part VIV provide the t	,	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	617,993
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	610,614
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,379
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,379
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	621,913
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	3,920
3	Subtract line <b>2e</b> from line <b>1</b>	3	617,993
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	617,993
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	614,534
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	3,920
3	Subtract line <b>2e</b> from line <b>1</b>	3	610,614
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	610,614
Pai	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	PANO AND PHOENIXVILLE COMMUNITY HEALTH FOUNDATION ENJOY A VALUED PARTNERSHIP TO DELIVER PROFESSIONAL DEVELOPMENT PROGRAMS IN THE COMMUNITY OF PHOENIXVILLE AS PART OF THIS PROCESS, PANO HELPED DESIGN A LEADERSHIP ACADEMY AND PROVIDES LEADERSHIP AND FACILITATION TO THE ACADEMY UNSPENT FUNDS ARE HELD IN ESCROW
	PART IV, LINE 2B	THE ADDITION TO THE CURRENT YEAR ESCROW BALANCE REPRESENTS RENT FOR JANUARY PREPAID BY SUBLESSEE, BEING HELD IN ESCROW UNTIL THE JANUARY RENT IS DUE
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES NETTED IN REVENUE 3,920
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES NETTED IN REVENUE 3,920

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As Filed Data -

DLN: 93493123006342

## Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization PENNSYLVANIA ASSOCIATION OF NONPROFIT ORGANIZATIONS  Employer identification n						ion numbe	r				
Part I Excess Benefit Tran Complete if the organization							organız		nly).	e 40b	
1 (a) Name of disqu				,	<b>(b)</b> Desc				·		(c) ected?
										Yes	No
<ul><li>2 Enter the amount of tax impose section 4958</li><li>3 Enter the amount of tax, if any,</li></ul>	• • on line	2, abov	· · · /e, reimburs	ed by th				. •	\$ \$		
Part II Loans to and/or F Complete if the organiz					, Part IV, line 26	, or Forn	n 990-E	Z, Part V	, lıne 38a		
(a) Name of interested person and purpose	(b) Lo	oan to m the zation?	(c)Orig principal a	ıınal	(d)Balance due	<b>(e)</b> I defaul	n	(f) Approv by board committ	ed d or	<b>(g)</b> Writte	
	То	From				Yes	No	Yes	No	Yes	No
T - k- l								ļ			

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	and the organization	(c)A mount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	n answered res on	FORM 990, Part IV, II	ne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organız	aring of ration's nues?
	organization			Yes	No
(1) JOSEPH GEIGER EXECUTIVE DIRECTOR	ALSO SERVES AS CHAIR OF FIRST NONPROFIT INSURANCE COMPANY		JOSEPH GEIGER SERVES AS CHAIRMAN OF THE BOARD OF DIRECTORS OF THE FIRST NONPROFIT INSURANCE COMPANY, AND IS THE PAST PRESIDENT OF THE UNEMPLOYMENT BENEFITS BOARD FIRST NONPROFIT INSURANCE COMPANY OFFERS INSURANCE SERVICES TO PANO MEMBERS PANO RECEIVES ROYALTIES FROM THIS INSURANCE COMPANY IN 2011, ROYALTIES PAID TO PANO AMOUNTED TO \$172,228 THE ASSOCIATION OUTSOURCES ITS BOOKKEEPING SERVICES TO HUMAN SERVICES COMPANY, WHICH IS A WHOLLY OWNED SUBSIDIARY OF FIRST NONPROFIT COMPANIES PANO PAID \$15,344 IN 2011 FOR THESE SERVICES		No
	_				

#### Supplemental Information Part V

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493123006342

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization PENNSYLVANIA ASSOCIATION OF NONPROFIT	Employer identifi	cation number
ORGANIZATIONS	22-2561834	

ldentifier	Return Reference	Explanation
	SECTION A, LINE 4	BY-LAWS WERE AMENDED IN THE CURRENT YEAR TO CHANGE THE DATE OF ELECTION OF OFFICERS FROM A FISCAL TO A CALENDAR YEAR, AND TO PROVIDE FOR THE REMOVAL OF A BOARD MEMBER BY MAJORITY VOTE OF THE GOVERNING BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 5	THE ORGANIZATION'S PAYROLL SERVICING COMPANY FAILED TO REMIT THE ASSOCIATIONS TAX FUNDS TO THE INTERNAL REVENUE SERVICE FOR THE ASSOCIATION AND ITS EMPLOYEES THE PAYROLL SERVICING COMPANY HAS FILED BANKRUPTCY AND THE ASSOCIATION HAS RE-PAID THE REQUIRED TAXES TO THE INTERNAL REVENUE SERVICE, AT AN APPROXIMATE COST TO THE ASSOCIATION OF \$8,100 THIS DEFAULT BY THE PAYROLL SERVICING COMPANY AFFECTED NOT ONLY THE ASSOCIATION BUT OTHER ORGANIZATIONS THAT WERE USING THIS SERVICE AS WELL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	MEMBERS INCLUDE NON-PROFIT ORGANIZATIONS, BUSINESSES, AND INDIVIDUALS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	BOARD MEMBERS ARE ELECTED BY THE ORGANIZATION'S MEMBERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A DRAFT COPY OF THE FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE TO REVIEW AN APPROVE BEFORE IT IS FILED

Identifier	Return Reference	Explanation
	1	PANO HAS A FORMAL WRITTEN CONFLICT OF INTEREST POLICY THAT REQUIRES EACH MEMBER AND STAFF TO DISCLOSE ANY SITUATIONS OR PERCEPTIONS OF CONFLICT ANNUALLY THESE ARE GATHERED AND REVIEWED BY THE BOARD AND MAINTAINED BY THE ASSOCIATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE SERVES AS THE PERSONNEL COMMITTEE FOR PANO THROUGH THE FILTER OF THE PERSONNEL FUNCTION, THE COMMITTEE REFERS TO COMPENSATION COMPARISON STUDIES TO DETERMINE MARKET VALUE OF COMPENSATION AND BENEFITS FOR KEY STAFF BASED ON PERFORMANCE REVIEWS, JOB DESCRIPTION, DECISION MAKING, KNOW HOW AND RESPONSIBILITY, THE EXECUTIVE COMMITTEE APPROVES THE COMPENSATION AND BENEFITS AND REPORTS THE ACTION TO THE ENTIRE BOARD THE EXECUTIVE COMMITTEE CONFERS WITH STUDIES, HUMAN RESOURCE CONSULTANTS, AND LAWYERS TO DETERMINE THE ADVISABILITY OF DECISIONS MADE IN THIS REGARD PANO CONDUCTED A COMPENSATION COMPARISON STUDY OF ITS OWN IN 2010

Identifier	Return Reference	Explanation
	VI, SECTION C, LINE 19	THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE IRS 990 AND THE ANNUAL REPORT ARE ALSO AVAILABLE ON OUR WEBSITE (WWW PANO ORG) THE TAX RETURN CAN ALSO BE VIEWED AT GUIDESTAR ORG

ldentifier	Return Reference	Explanation
ALL OTHER FUNCTIONAL EXPENSES	FORM 990, PART X, LINE 24F	EQUIPMENT RENTAL & MAINTENANCE PROGRAM SERVICE EXPENSES 9,785 MANAGEMENT AND GENERAL EXPENSES 1,468 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 11,253 TELEPHONE PROGRAM SERVICE EXPENSES 5,048 MANAGEMENT AND GENERAL EXPENSES 4,913 FUNDRAISING EXPENSES 52 TOTAL EXPENSES 10,013 NEWSLETTER & WEBSITE PROGRAM SERVICE EXPENSES 9,116 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 9,116 UNREIMBURSED LOSS PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 8,000 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 8,000 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 6,918 POSTAGE & SHIPPING PROGRAM SERVICE EXPENSES 4,176 MANAGEMENT AND GENERAL EXPENSES 802 FUNDRAISING EXPENSES 299 TOTAL EXPENSES 5,277 SUPPLIES PROGRAM SERVICE EXPENSES 2,414 MANAGEMENT AND GENERAL EXPENSES 2,668 FUNDRAISING EXPENSES 8 TOTAL EXPENSES 4,490 MISCELLANEOUS PROGRAM SERVICE EXPENSES 1,588 MANAGEMENT AND GENERAL EXPENSES 796 FUNDRAISING EXPENSES 282 TOTAL EXPENSES 2,666 PUBLICATIONS PROGRAM SERVICE EXPENSES 1,315 MANAGEMENT AND GENERAL EXPENSES 1,315 PRINTING & REPRODUCTION PROGRAM SERVICE EXPENSES 1,205 MANAGEMENT AND GENERAL EXPENSES 1,315 PRINTING & REPRODUCTION PROGRAM SERVICE EXPENSES 1,205 MANAGEMENT AND GENERAL EXPENSES 6,20 MANAGEMENT AND GENERAL EXPENSES 879

ldentifier	Return Reference	Explanation
OTHER METHOD OF ACCOUNTINGCASH BASIS	990 PART XII, LINE 1	THE FINANCIAL STATEMENTS OF THE ASSOCIATION HAVE BEEN PREPARED ON THE MODIFIED CASH BASIS OF ACCOUNTING, WHICH IS A COMPREHENSIVE BASIS OF ACCOUNTING OTHER THAN ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA THE ASSOCIATION RECORDS REVENUE WHEN RECEIVED RATHER THAN WHEN EARNED AND EXPENSES ARE RECORDED WHEN PAID RATHER THAN WHEN THE OBLIGATION IS INCURRED MODIFICATIONS TO THE CASH BASIS OF ACCOUNTING INCLUDE CAPITALIZING AND RECORDING DEPRECIATION ON OFFICE EQUIPMENT AND FURNISHINGS, RECEIVABLES FOR REIMBURSEMENT OF EXPENSES, AND PAYROLL WITHHOLDINGS AND ESCROWED FUNDS AS LIABILITIES